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| UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i> | Attorney Docket No. | A-7280 |
| | First Inventor or Application No. | BEYERS ET AL. |
| | Title | TRIGGERED MEDIA CONTENT IN A SUBSCRIBER TELEVISION SYSTEM |
| | Express Mail Label No. | EL745333152US |

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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents | ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231 |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing) | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 37] | 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies |
| 3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets 13] | ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: |
| 4. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) | |
| 16. <input type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group Art Unit | |
| 17. CORRESPONDENCE ADDRESS | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below | |
| Name | |
| Address 05642 | |
| City | |
| Country Telephone Zip Code Fax | |

| | | | |
|-------------------|---|-----------------------------------|-----------------|
| Name (Print/type) | KELLY A. GARDNER | Registration No. (Attorney/Agent) | 35,147 |
| Signature |  | Date | October 9, 2001 |

Docket No.: A-7280

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: BEYERS ET AL.
DOCKET NO.: A-7280
TITLE: TRIGGERED MEDIA CONTENT IN A SUBSCRIBER TELEVISION
SYSTEM

FEE TRANSMITTAL FORM

Box PATENT APPLICATION
Commissioner for Patents
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

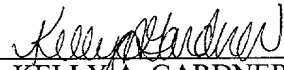
| | No. of Claims Filed | No. of Claims Paid For | No. of Extra Claims | Rate | Fee |
|---------------------------|------------------------|---------------------------|------------------------|----------|------------|
| Independent Claims | 8 | 3 | 5 | \$ 84.00 | \$420.00 |
| Total Claims | 38 | 20 | 18 | \$ 18.00 | \$324.00 |
| Multiple Dependent Claims | | | | \$280.00 | \$000.00 |
| Basic Filing Fee | | | | \$740.00 | \$740.00 |
| Total Filing Fee | | | | | \$1,484.00 |

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

Scientific-Atlanta, Inc.
Intellectual Property Dept. MS 4.3.518
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By:


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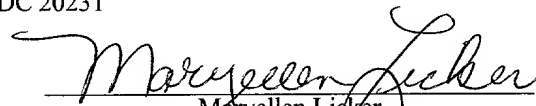
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Maryellen Licker

Docket No.: A-7280

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